

## Release Form

First & Last Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_

Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

School (if applicable): \_\_\_\_\_

Title of Poem: \_\_\_\_\_

I hereby certify that the poem submitted was written by me. I have read and agree to the submission guidelines. I also give consent and permission to and authorize the Wolfner Talking Book and Braille Library, its employees, successors, licenses, agents and assigns the irrevocable right to use, for any purpose whatsoever, including publications, advertisements, and governmental purposes, in all kinds of media and without compensation, any original work I submit to the Wolfner Talking Book and Braille Library as part of the Teen Poetry Contest.

Signature of teen: \_\_\_\_\_

I understand and agree that, if selected for use, the written work created by my child and name of my child may be used in Wolfner Library's publications, website, or Facebook page and I agree to the aforementioned submission guidelines. I grant consent and permission to and authorize the Wolfner Talking Book and Braille Library, its employees, successors, licenses, agents and assigns the irrevocable right to use, for any purpose whatsoever, including publications, advertisements, and governmental purposes, in all kinds of media and without compensation, any original work my child submits to the Wolfner Talking Book and Braille Library as part of the Teen Poetry Contest.

Signature of Parent or Guardian (if participant under 18):

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